

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PA</i>	<i>2089</i>	<i>Calh</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>NU</i>	<i>617</i>	<i>8-01-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	9/20/01
2	✓	✓	1/25/02
3	✓	✓	7/15/02
4	✓	✓	9/30/03
5	✓	✓	12/24/03
6	✓	✓	5/13/04
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	3/11/02
52	✓	✓	3/20/03
53	✓	✓	12/14/03
54	✓	✓	5/13/04
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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